Exhibit B

PO BOX 19072
GREEN BAY WI 54307-9072
Voice : 866-420-7455 Fax : 920-406-6537

05/21/2018

To	**BRIANNA GALVEZ**
Company	HILL & MOIN
Fax Number	12126686009
Voice Number	212-668-6000

From	Customer Relations
Fax	920-406-6537
Voice	866-420-7455
Subject	**prepaynotice**
Order #	57422517

Notes Please see the following pre-payment notice

PrePay Notice

FIRST NOTICE

Date Sent: 05/10/2018

SECOND NOTICE

Date Sent: 05/21/2018

BRIANNA GALVEZ
HILL & MOIN Acct: 500999
2 WALL ST STE 301

NEW YORK, NY 10005-2040

Patient: **ELACHKAR, HOUSSAM**
SSN: ***-**[redacted]
Claim/File #:
Order #: **57422517**
Fax #: **212-668-6009**

IMG

Records requested from: **NYU LUTHERAN MEDICAL CENTER**

Dear Requester:

IOD Incorporated has been retained by the medical facility listed above to provide release of information services. It is our policy to require payment prior to delivering the requested information. **Please note this is an estimated fee, the final amount may differ.**

Service dates requested	Specific Date(s): 1/19/18 TO 2/6/18
Items requested	Specific Items
"PERT ITEMS" = Dictated notes, radiology reports, lab reports, special test results, etc.	

Description	Quantity	Unit Price	Extension
* Note: Hard Copy Page Count: 807	807	$0.00	$0.00
Copy Charge $0.75 Per Page, Pages 1+	807	$0.75	$605.25
Shipping & Handling	1	$0.00	$0.00
Sales Tax	1	$0.00	$0.00

Pages as per Request:	807	Fee Quote as per Request:	$ 605.25
Notes:			

The requested medical information will be provided after payment in full is received. Please make payment within 20 days of the first notice to avoid cancellation of your request. If the patient authorization has expired by the time payment is received, a new authorization will be required. Please note that it may take up to 15 business days from the date your request is received for your request to be processed. If you have any questions regarding this notice, please contact Customer Relations at 866-420-7455 * Fax 920-406-6537.

- To make a payment online via credit card, go to payportal.iodincorporated.com
- To make a payment via credit card, you can also call Customer Relations at 866-420-7455 Option 1.

To make a manual payment, please send this form and your check or money order made payable to IOD Incorporated to the address shown below. PLEASE DO NOT SEND CASH!

IOD Incorporated TaxID No. 65-0765287
PO Box 19072 Green Bay, WI 54307-9072
*Phone 866-420-7455 Option 1 * Fax 920-406-6537*